

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006989

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 126 Primary Registration District No. 5603 Registrar's No. 5

STATE FILE NUMBER

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grover Township</u>		c. CITY OR TOWN <u>Rural, KnobNoster, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence, R.R. KnobNoster</u>		d. STREET ADDRESS (If outside, give location) <u>R.R., KnobNoster, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>LILLY</u> Middle <u>LORENE</u> Last <u>BROWN</u>		4. DATE OF DEATH Month <u>March</u> Day <u>3rd.</u> Year <u>1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 24, 1932</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce Worker.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Produce Company</u>	
13a. FATHER'S NAME <u>Miller Fredrick Canida,</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Gertrude Matthews.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mr. Herman F. Canida, KnobNoster, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apparent Self inflicted gun shot in Right Temple.</u> <u>Instant</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Suicide,</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>8:00 P.M.</u> Month, Day, Year <u>3-3-1962</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Self Inflicted,</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm home,</u>	
21. I attended the deceased from <u>Saw her Dead,</u> on <u>3-3-1962</u> and last saw her alive on _____		21. I attended the deceased from <u>Saw her Dead,</u> on <u>3-3-1962</u> and last saw her alive on _____	
22a. SIGNATURE <u>Kelly Rawlin M.D. Coroner Johnson Co</u>		22b. ADDRESS <u>Johnson Co</u>	
22c. DATE SIGNED <u>3-5-62</u>		22c. DATE SIGNED <u>3-5-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-7-1962</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>KnobNoster Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>KnobNoster, Missouri</u>	
24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 7-62</u>	
26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>		26. REGISTRAR'S SIGNATURE <u>Erma L. Beatty</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

RA Banninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.